

TB CONTACT INVESTIGATION REPORT

Page ____ of ____

Today's Date: _____

Submitted by: _____

Agency: _____

Contact Risk Factors: 1. Household contact; 2. Less than 5 yo; 3. Contact has med risk factor (HIV); 4. Exposed during medical procedure; 5. Exposed congregate setting; 6. Exceeds duration environment limits; 7. CXR consistent with previous TB; 8. 5-15yo of age

Case Name: _____ County/Tribal/ IHS: _____

List of Contacts: 1. Name 2. Relationship to TB case 3. Address	DOB	Contact Risk Factors And Dates (see above)	Initial TST		2 nd TST 8-10 weeks		X-Ray <small>If patient less than 5 years old, must have both posterior & lateral x-rays</small>		Treatment of LTBI		If Treatment is not completed give reason
			Date	Result mm	Date	Result mm	Date	Result	Med & Start Date	Completion Date	
1. _____ 2. _____ 3. _____											<input type="checkbox"/> Death <input type="checkbox"/> Adverse Reaction <input type="checkbox"/> Patient Decision <input type="checkbox"/> Active TB developed <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Moved - provide address
1. _____ 2. _____ 3. _____											<input type="checkbox"/> Death <input type="checkbox"/> Adverse Reaction <input type="checkbox"/> Patient Decision <input type="checkbox"/> Active TB developed <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Moved - provide address
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